

PATIENT

Buffy Cable

SPECIES

Canine

BREED

Lab

SEX

Female, spayed

AGE

9 Yrs. 6 months

WEIGHT

39.4 kg.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

12519

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Recently diagnosed with Significant Proteinuria, Three abnormal UPCr . Survey AUS
Abnormal PE/Chem/CBC/UA Results: CBC: Eos 1.27 (N 0.006-1.23), Plt 568 (N 148-484) Chem: ALT 196 (N 10-125), Alkp 422 (N 23-212), K 5.9 (N 3.5-5.8) SDMA 10 (N 0-14), TT4 35 (N 13-51) Xrays pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (7.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (8.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. 2-3 small cortical cysts are observed. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.59 cm at caudal pole) (2.02 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.62 cm at caudal pole) (2.40 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged with rounded to irregular peripheral contours. The parenchyma is diffusely heterogeneous and mottled, bordering on nodular in appearance. A >8 cm irregular vascular hypoechoic slightly cavitated mass is visualized within the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits a finely heterogeneous appearance. A 1.75 cm hypoechoic nodule is observed deep on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Splenic mass with diffusely abnormal splenic parenchymal changes. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with minor potential for benign pathology.
- The hepatic nodule could be consistent with a benign regenerative lesion, metastatic lesion, other. The diffuse hepatic parenchymal changes are most consistent with age-related pathology.

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Secondary Findings:

- Minor age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the spleen if clotting status is appropriate. If accessible, direct aspiration of the splenic mass should be considered as well. If cytologic evaluation is inconclusive, consider a splenectomy with submission of the spleen for histopathology as well as biopsy of the hepatic nodule.

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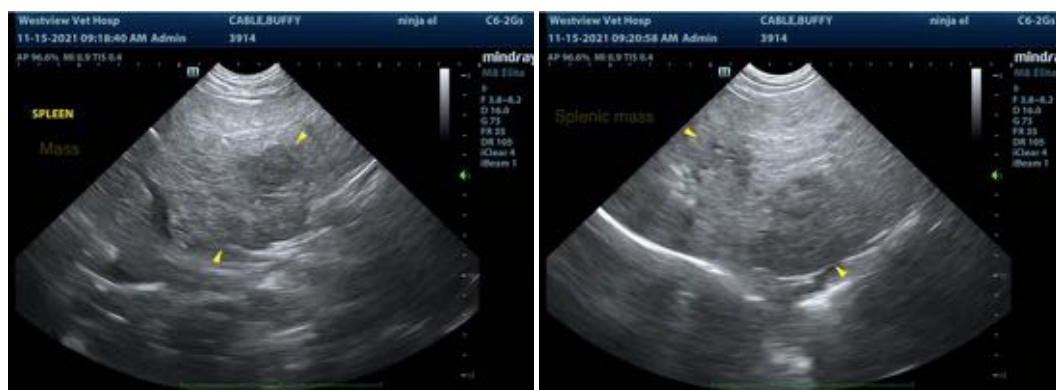
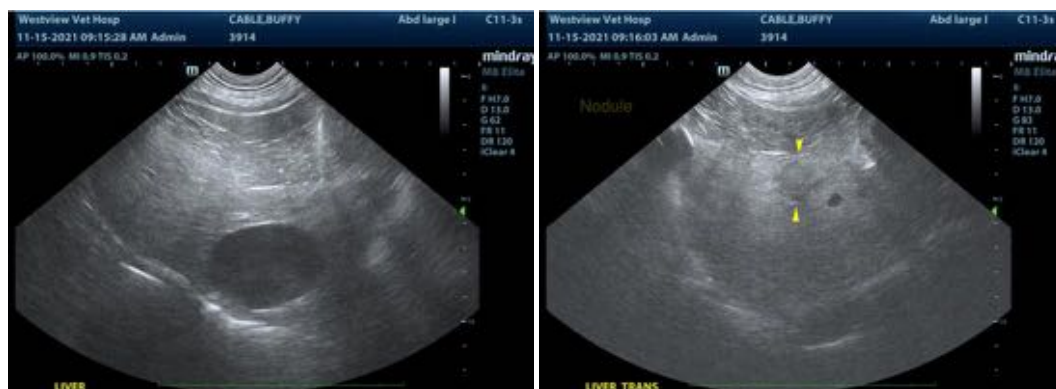
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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Andrea.nicastro@sonopath.com

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